

	<b>REQUEST FOR QUOTATION</b> <b>RFQ# HQ861509</b>		<b>ARIZONA DEPARTMENT OF HEALTH SERVICES</b> 1740 W. Adams Phoenix, AZ 85007 Phone: (602) 542-1040 Fax: (602) 542-1741			
	Quotations are due by 3:00 P.M., Local Time <b>June 16, 2008</b>		Date: May 27, 2008			
<b>VENDOR NOTICE</b>						
<b>THIS IS NOT A PURCHASE ORDER</b>						
<p>The terms and conditions attached to this form should be reviewed and understood before preparing a quotation.</p> <p>The <u>Uniform Terms and Conditions</u> and <u>Uniform Instructions to Offerors</u> are <u>incorporated into this document by reference</u>, and may be obtained by visiting: <a href="http://www.azeps.az.gov/PoliciesDocuments/terms/UIOv7.pdf">http://www.azeps.az.gov/PoliciesDocuments/terms/UIOv7.pdf</a> for the Instructions, <a href="http://www.azeps.az.gov/PoliciesDocuments/terms/UTCv7.pdf">http://www.azeps.az.gov/PoliciesDocuments/terms/UTCv7.pdf</a> for the Terms and Conditions.</p> <p>In accordance with Arizona Revised Statute 41-2535(B), this purchase is restricted to small businesses, if practicable. By signing this form, the Offeror self certifies that it is a small business as defined above. Please check as many as applicable:</p> <p>____ I certify that my company is a Small Business. A Small Business is defined as a company having fewer than one hundred (100) employees or less than four million dollars (\$4,000,000) in gross receipts.</p> <p>____ I certify that my company is a Woman-Owned Business Enterprise (WBE). A WBE is defined as an enterprise where a woman owns at least fifty-one percent (51%) of the business. The owner(s) must have the day-to-day control of the firm and have experience and expertise in the firm's primary area of operation. The owner(s) must hold a proportionate share of the business capital, assets, profits and losses commensurate with their ownership interest.</p> <p>____ I certify that my company is a Minority-Owned Business Enterprise (MBE). An MBE is defined as an enterprise where an ethnic minority owns at least fifty-one percent (51%) of the business. The owner(s) must have the day-to-day control of the firm and have experience and expertise in the firm's primary area of operation. The owner(s) must hold a proportionate share of the business capital, assets, profits and losses commensurate with their ownership interest.</p>						
<b>Submit (via Fax) to Location:</b> 1740 West Adams, Room 303 Phoenix, AZ 85007 (602) 542-1741		<b>Delivery / Pick Up Location:</b> 1740 West Adams, Room 303 Phoenix, AZ 85007		<b>Contracts Officer/Buyer: Cindy Sullivan,</b> Phone: (602) 542-2934 Fax: (602) 542-1741 Email: <a href="mailto:sullivc@azdhs.gov">sullivc@azdhs.gov</a>		
<b>Item</b>	<b>Description of Service</b>	<b>Unit Rate per Review</b>	<b># of Units per year</b>	<b>Total Annual Cost</b>		
1	Child Fatality Review as outlined in the Scope of Work on pages 10-11	\$ _____	4	\$ _____		
<b>THIS SECTION MUST BE COMPLETED BY VENDOR</b>						
Company Name	Address	City	State	Zip Code	Phone No.	Fax No.
_____ Signature		_____ Date	_____ Typed Name and Title			

Procurement Officer: \_\_\_\_\_

Date: \_\_\_\_\_

# **SPECIAL INSTRUCTIONS TO OFFERORS**

## **REQUEST FOR QUOTATION # HQ861509**

**1. SUBMISSION:**

Quotations shall be signed by the offeror where applicable and delivered as designated no later than the date and time indicated on the first page of the document.

**2. INQUIRIES:**

All inquiries must be submitted in writing to the Solicitation contact person, and within three (3) days before the Offer due date and time to allow sufficient time for question review and response.

**3. IDENTIFICATION:**

Offeror agrees to provide a Federal identifier (EIN or SSN) for the purposes of reporting to the appropriate taxing authorities, monies paid by the State under this contract.

**4. OPENING:**

This is an informal quotation, which will not be read at a public opening; however, the information may be publicly reviewed after an award.

**5. STANDARD PROVISIONS:**

The State of Arizona's Uniform Instructions and Uniform Terms and Conditions, where applicable, are a part of this document as if fully set forth herein. Copies of these documents are available from the A.D.H.S. Procurement Office or may be viewed at Arizona Department of Administration webpage at <http://www.azdoa.gov/>.

**6. TAXES:**

The State of Arizona is exempt from Federal excise Tax, including the Federal Transportation Tax. The Arizona State Hospital is exempt from State Sales Tax.

**7. BID REJECTION:**

The State reserves the right to reject any, or all, bids, combinations of items, or lot, and to waive defects or informalities.

**8. ERASURE:**

Erasures, inter-lineation or other modifications must be initialed by the individual signing the Request for Quotation.

**9. EVALUATION:**

Quotation shall be evaluated according to the following evaluation criteria which are listed in relative order of importance.

1. Cost, Offeror(s) must propose a fixed unit price sheet

**10. NEGOTIATIONS:**

Negotiations may be held.

**11. PAYMENT:**

The State will make every effort to process payment for the purchase of goods or services within thirty (30) calendar days after receipt of goods or services and a correct notice of amount due, unless a good faith dispute exists as to any obligation to pay all or a portion of the account. Any offer that requires payment in less than thirty (30) calendar days shall not be considered.

# **SPECIAL INSTRUCTIONS TO OFFERORS**

## **REQUEST FOR QUOTATION # HQ861509**

**12. ARIZONA PROCUREMENT CODE:**

The Arizona Procurement Code (A.R.S. Title 41), Chapter 23 is available at most public libraries; A.C.C.R. Title 2, Chapter 7 may be purchased from the Arizona Secretary of State; and both are available for review at the D.H.S. Procurement Office. They may be viewed at Arizona Department of Administration webpage at <http://www.azdoa.gov/>

**13. REASONS FOR CANCELLATION:**

Failure to provide services or parts in accordance with Scope of Work or failure to meet the stated delivery commitment shall be cause for IMMEDIATE cancellation of the contract.

**14. ADDITIONAL TERMS AND CONDITIONS:**

Submission of additional terms, conditions or agreements with the bid document may result in bid rejection.

**15. NON EXCLUSIVE CONTRACT:**

Any contract resulting from this Solicitation shall be awarded with the understanding and agreement that it is for the sole convenience of the State of Arizona. The State reserves the rights to obtain like goods or services from another source when necessary. Off-contract purchase authorization (SPO form 150) may only be approved by the State Procurement Administrator. Approval shall be at the exclusive discretion of the State Procurement Administrator and shall be final. However, approval shall be granted only after a proper review and when deemed to be appropriate. Off-contract procurement shall be consistent with the Arizona Procurement Code.

**16. NUMBER OR TYPES OF AWARDS.** The State reserves the right to make multiple awards or to award a Contract by individual line items or alternatives, by group of line items or alternatives, or to make an aggregate award, or regional awards, whichever is most advantageous to the State. If the Procurement Officer determines that an aggregate award to one Offeror is not in the State's best interest, "all or none" Offers shall be rejected.

**17. SUSPENSION OR DEBARMENT CERTIFICATION:**

By signing the offer section of the offer and acceptance Page 1 of 11, the bidder or offeror certifies that the firm, business or person submitting the bid or offer has not been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity with any Federal, State or local government. Signing the offer section without disclosing all pertinent information about a debarment or suspension shall result in rejection of the bid or offer or cancellation of a contract. The State also may exercise any other remedy available by law.

# **SPECIAL TERMS AND CONDITIONS**

## **REQUEST FOR QUOTATION # HQ861509**

**1. PURPOSE:**

Pursuant to provisions of the Arizona Procurement Code, A.R.S. § 41-2501 Et Seq., the State of Arizona, Arizona Department Of Health Services ("ADHS") intends to establish a service contract for child fatality review.

**2. TERM OF CONTRACT (3 YEARS):**

The term of the contract shall commence upon award and shall remain in effect for a period of three (3) years, unless terminated, canceled or extended as otherwise provided herein.

**3. CONTRACT EXTENSION, 24 MONTHS:**

The Department may, by mutual written Contract Amendment, extend any resultant Contract in up to twelve (12) month increments for a maximum of two (2) years. The Contract term shall not exceed a total of five (5) years from the date of Contract award, or \$50,000, whichever comes first.

**4. CONTRACT TYPE:**

☒ Fixed Price

**5. AMENDMENT:**

Any change in the contract including the Scope of Work described herein, whether by modification or supplementation, must be accomplished by a formal contract amendment signed and approved by and between the duly authorized representatives of the contractor and the Arizona Department of Health Services. Any such amendment shall specify any increases or decreases in the amount of the contractors' compensation if applicable and entitled as an 'Amendment', and signed by the parties identified in the preceding sentence. The contractor expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts, and oral communications by or from any person, shall be used or construed as an amendment or modification or supplementation to the contract.

**6. CERTIFICATIONS:**

All key personnel when required shall provide evidence of their certification(s) relevant to the services provided under the contract.

**7. AUTHORIZATION FOR PROVISION OF SERVICES:**

Authorization for purchase of services under this contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless a) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) an additional Purchase Order is issued for purchase of services under this contract.

**8. LICENSES:**

The Contractor shall maintain in current status, all Federal, State and local licenses and/or permits required for the operation of the business conducted by the contractor.

**9. ACCURACY OF WORK:**

The Contractor shall be responsible for the accuracy of the work and shall promptly make all necessary revisions or corrections resulting from errors and omissions on the part of the Contractor without additional compensation. Acceptance of the work by the State will not relieve the Contractor of the responsibility for subsequent correction of any such errors and the clarification of any ambiguities.

# SPECIAL TERMS AND CONDITIONS

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### 10. INFORMATION DISCLOSURE:

The contractor shall establish and maintain procedures and controls that are acceptable to the State for the purpose of assuring that no information contained in its records or obtained from the State or from others in carrying out its functions under the contract shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the contract. Persons requesting such information should be referred to the State. The Contractor also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of the contractor as needed for the performance of duties under the contract, unless otherwise agreed to in writing by the State.

### 11. PAYMENT:

All invoices shall include delivery time, and contractual payment terms. Items are to be identified by the name, product number, contract number, line item number, and serial number if applicable. Any Purchase Order issued shall refer to the contract number and line item number(s).

### 12. FEDERAL IMMIGRATION LAWS, COMPLIANCE BY STATE CONTRACTORS:

By entering into the Contract, the Contractor warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract. The Contractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Contract. I-9 forms are available for download at USCIS.GOV

The State may request verification of compliance for any Contractor or subcontractor performing work under the Contract. Should the State suspect or find that the Contractor or any of its subcontractors are not in compliance, the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

### 13. OFFSHORE PERFORMANCE OF WORK PROHIBITED:

Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers.

### 14. INDEMNIFICATION:

Contractor shall indemnify, defend, save and hold harmless the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees (hereinafter referred to as "Indemnatee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnatee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnatee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for the State of Arizona.

# SPECIAL TERMS AND CONDITIONS

## REQUEST FOR QUOTATION # HQ861509

### 15. **INSURANCE REQUIREMENTS:**

Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

The insurance requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this contract by the Contractor, its agents, representatives, employees or subcontractors, and Contractor is free to purchase additional insurance.

#### A. **MINIMUM SCOPE AND LIMITS OF INSURANCE:** Contractor shall provide coverage with limits of liability not less than those stated below.

##### 1. **Commercial General Liability – Occurrence Form**

Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

- |  |             |
|--|-------------|
| • General Aggregate                                | \$1,000,000 |
| • Products – Completed Operations Aggregate        | \$ 500,000  |
| • Personal and Advertising Injury                  | \$ 500,000  |
| • Blanket Contractual Liability – Written and Oral | \$ 500,000  |
| • Fire Legal Liability                             | \$ 25,000   |
| • Each Occurrence                                  | \$ 500,000  |

a. The policy shall be endorsed to **include coverage for sexual abuse and molestation.**

b. The policy shall be endorsed to include the following additional insured language: ***“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor”.***

c. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

##### 2. **Automobile Liability**

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Contract.

Combined Single Limit (CSL)	\$500,000
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- a. The policy shall be endorsed to include the following additional insured language: ***“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor”.***

##### 3. **Worker's Compensation and Employers' Liability**

Workers' Compensation	Statutory
Employers' Liability	
Each Accident	\$ 100,000
Disease – Each Employee	\$ 100,000
Disease – Policy Limit	\$ 100,000

- a. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials,

# SPECIAL TERMS AND CONDITIONS

## REQUEST FOR QUOTATION # HQ861509

agents, and employees for losses arising from work performed by or on behalf of the Contractor.

- b. This requirement shall not apply to: Separately, EACH contractor or subcontractor exempt under A.R.S. 23-901, AND when such contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

#### 4. Professional Liability (Errors and Omissions Liability)

Each Claim	\$ 500,000
Annual Aggregate	\$1,000,000

- a. In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.
- b. The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this contract.

**B. ADDITIONAL INSURANCE REQUIREMENTS:** The policies shall include, or be endorsed to include, the following provisions:

1. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Contractor, even if those limits of liability are in excess of those required by this Contract.
2. The Contractor's insurance coverage shall be primary insurance with respect to all other available sources.
3. Coverage provided by the Contractor shall not be limited to the liability assumed under the indemnification provisions of this Contract.

**C. NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to **Arizona Department of Health Services, Procurement Office, Room 303, 1740 W. Adams, Phoenix, AZ, 85007** and shall be sent by certified mail, return receipt requested.

**D. ACCEPTABILITY OF INSURERS:** Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.

**E. VERIFICATION OF COVERAGE:** Contractor shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

All certificates required by this Contract shall be sent directly to Arizona Department of Health Services, Procurement Office, Room 303, 1740 W. Adams, Phoenix, AZ, 85007. The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.

**F. SUBCONTRACTORS:** Contractors' certificate(s) shall include all subcontractors as insureds under its policies or Contractor shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All

## SPECIAL TERMS AND CONDITIONS

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coverages for subcontractors shall be subject to the minimum requirements identified above.

**G. APPROVAL:** Any modification or variation from the insurance requirements in this Contract shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.

**H. EXCEPTIONS:** In the event the Contractor or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the contractor or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

#### **16. PANDEMIC CONTRACTUAL PERFORMANCE:**

**A.** The State shall require a written plan that illustrates how the Contractor shall perform up to contractual standards in the event of a pandemic. The State may require a copy of the plan at anytime prior or post award of a Contract. At a minimum, the pandemic performance plan shall include:

1. Key succession and performance planning if there is a sudden significant decrease in Contractor's workforce.
2. Alternative methods to ensure there are products in the supply chain.
3. An up to date list of company contacts and organizational chart.

**B.** In the event of a pandemic, as declared the Governor of Arizona, U.S. Government or the World Health Organization, which makes performance of any term under this Contract impossible or impracticable, the State shall have the following rights:

1. After the official declaration of a pandemic, the State may temporarily void the contract(s) in whole or specific sections, if the contractor cannot perform to the standards agreed upon in the initial terms.
2. The State shall not incur any liability if a pandemic is declared and emergency procurements are authorized by the Director as per A.R.S. 41-2537 of the Arizona Procurement Code.
3. Once the pandemic is officially declared over and/or the Contractor can demonstrate the ability to perform, the State, at its sole discretion, may reinstate the temporarily voided Contract(s).



# **SCOPE OF WORK**

## **REQUEST FOR QUOTATION # HQ861509**

### **1. Background:**

The Child Fatality Review Program is administered by the Arizona Department of Health Services (ADHS), and utilizes locally developed multi-disciplinary teams throughout the state to conduct a detailed review of the circumstances surrounding childhood deaths. The purpose of the program is to develop and implement data-driven recommendations for reducing preventable childhood deaths.

### **2. Objective**

Local Child Fatality Review Teams review the circumstances surrounding the deaths of children, birth through seventeen (17) years, occurring in Apache County, Cochise County, Coconino County, Graham County, Greenlee County, Gila County, Pinal County and Yuma County of Arizona, determine the preventability of each death and develop recommendations to reduce preventable childhood deaths. Local Child Fatality Review Teams review the deaths of all children who resided in their County and deaths occurring within their County of children who resided outside Arizona.

### **3. Scope of Work:**

The Contractor shall:

- A. Conduct multi-disciplinary reviews, in accordance with ARS § 36-3502 and 36-3503, of all childhood deaths (under the age of eighteen (18) of residents of Arizona excluding Maricopa County and of deaths occurring within Arizona excluding Maricopa County of children who were not residents of Arizona.
- B. Comply with policies and procedures established by the Child Fatality Review Program and approved by the State Child Fatality Review Team.

### **4. Tasks:**

The Contractor shall:

- A. Establish and maintain a team consisting of the following membership in accordance with ARS § 36-3502:
  - 1. County medical examiner or designee,
  - 2. Child Protective Services Administrator or designee,
  - 3. County Health Department Director or designee,
  - 4. A domestic violence specialist,
  - 5. A psychiatrist or psychologist licensed in the State of Arizona
  - 6. A pediatrician certified by the American Board of Pediatrics or a family practice physician certified by the American Board of Family Practice,
  - 7. A person from a local law enforcement agency,
  - 8. A person from a local prosecutor's office, and
  - 9. A parent.

Each Team Member must be approved by ADHS.

- B. Provide an orientation to all members and consultants which includes at a minimum, the following topics: instruction regarding confidentiality, use of the data forms, public access to team information, responsibilities and limitations of team membership, process and goals of fatality review, the promotion of culturally diverse and competent approaches in case reviews, and review materials provided by the State Team.

- C. Establish procedures for access to the following records related to the circumstances surrounding child fatalities:

- 1. Death Certificates,
- 2. Birth Certificates,
- 3. Law enforcement reports,
- 4. Medical Examiner's reports,
- 5. Medical records,
- 6. Child Protective Services' reports, and

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7. Other records as needed.

- D. Establish procedures to track fatalities requiring review by the Local Team and completion of reviews. Keep a written log of cases received for review and the date of the review.
- E. Prepare the Team's quarterly reports to the Child Fatality Review Program of activities, cases reviewed, obstacles to completion of reviews, and any findings and recommendations. All reviews of child fatalities occurring during the prior calendar year must be completed and data forms submitted to the Child Fatality Review Program.
- F. Convene team meetings, at a frequency sufficient to review all fatalities within the identified Scope of Work.
- G. Complete the standardized data form, approved by the State Child Fatality Team, on each review. The Chairperson of the Local Team must review data forms for accuracy, completeness and legibility, and must sign the review form prior to submittal to the Child Fatality Review Program.
- H. Participate in Local Team Coordinators meetings at a minimum of once each calendar year.

**5. Requirements:**

The Contractor shall:

- A. Maintain a current list of members, including the designation of a team Chairperson, on file and make available upon request to the Child Fatality Review Program.
- B. Maintain an original, signed confidentiality form for each member, in a format approved by ADHS.
- C. Maintain a secured, locked file cabinet that must be used for storage of records.
- D. Abide by standards and protocols established by the State Child Fatality Review Team in the conduct of Child Fatality Reviews.
- E. Procedures must be approved by ADHS prior to implementation.

**6. State Provided Items:**

- A. Child Fatality Data Forms and Instructions
- B. Child Fatality Review Program Procedure Manual

**7. Approvals:**

- A. A proposed Local Child Fatality Review Team must submit a request for authorization to the Child Fatality Review Program and be authorized by the State Team prior to beginning review of child fatalities.
- B. Child Fatality Review Program will approve complete and accurate Child Fatality Data Forms for reimbursement.

**8. Reference Documents:**

- A. Arizona Revised Statutes: 36-3501 through 36-3504 ([www.azleg.az.us](http://www.azleg.az.us))
- B. Child Fatality Review Program Procedure Manual (state provided)

**9. Deliverables:**

- A. A complete and accurate Child Fatality Review Form is required for all deaths reviewed by the Local Team. Data forms must be submitted by the 15<sup>th</sup> day of the month, following the month of the fatality review.
- B. All reviews of child fatalities occurring during the prior calendar year must be completed and data forms submitted to

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the Child Fatality Review Program by the 15<sup>th</sup> of August.

- C. Local Team's Child Fatality Review Quarterly Reports are due the 15<sup>th</sup> day of the month following the quarter. Due dates are as follows: October 15, January 15, April 15, and July 15. Quarterly reports must contain the Local Team's membership list, activities, number of cases reviewed, and obstacles to completion of reviews.

**10. Acceptance:**

Child Fatality Review Quarterly reports of completed reviews and completed Child Fatality Review Data Forms shall be submitted to the Child Fatality Review Program prior to reimbursement.

**11. Notices, Correspondence, Reports and Invoices:**

- A. Notice, correspondence and reports from the contractor to ADHS shall be sent to:

Child Fatality Review Manager  
Bureau of Women's and Children's Health  
150 N. 18<sup>th</sup> Avenue #320  
Phoenix, AZ 85007  
Telephone number: (602) 364-1463  
Facsimile number: (602) 364-1496

- B. Notice, correspondence, reports and invoices from ADHS to the contractor shall be sent to:

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- C. Payments to the Contractor should be mailed to:

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